# IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI WESTERN DIVISION



| Robert Taylor   | 791  |
|---|--|
|   | Complaint for a Civil Case                     |
| (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | Case No (to be filled in by the Clerk's Office |
| -against-   |  |
| City of Three Rivers Michigan   |  |
| Justin Holbrook   |  |
| (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)            |  |

## REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. Yes No

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| Name               | Robert Taylor       |
|--------------------|---------------------|
| Street Address     | 2546 W. Lincoln St. |
| City and County    | Springfield, Greene |
| State and Zip Code | Missouri 65806      |
| Telephone Number   | 269 503 5338        |
| E-mail Address     | rmt99975@yahoo.com  |

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

| Name   | City of Three Rivers     |
|--|--------------------------|
| Job or Title<br>(if known)<br>Street Address | 333 W. Michigan Ave.     |
| City and County                              | Three Rivers, St. Joseph |
| State and Zip Code                           | Michigan, 49093          |
| Telephone Number                             | 269 273 1075             |
| E-mail Address (if known)                    | mbliss@threeriversmi.org |

## Defendant No. 2

| Name                         | Justin Holbrook          |
|------------------------------|--------------------------|
| Job or Title                 | Police officer           |
| (if known)<br>Street Address | 56935 Tamarac Ln.        |
| City and County              | Three Rivers, St. Joseph |
| 5                            |                          |

|             |                   | State and Zip Code                                     | Michigan, 49093   |
|-------------|-------------------|--|---|
|             |                   | Telephone Number                                       | 269 273 1075  |
|             |                   | E-mail Address (if known)                              | jholbrook@threeriversmi.org   |
| II.         | Basis for J       | urisdiction  |   |
|             | types of cases    |  | ed jurisdiction (limited power). Generally, only three eral court. Provide the designated information for this                      |
| <b>✓</b> F  | ederal question   |  |   |
|             |                   | fic federal statutes, fed<br>that are at issue in this | deral treaties, and/or provisions of the United States case.  |
|             | First, Fourth, an | d Fourteenth Amendments                                | s   |
|             | Americans with    | Disability Act, 42 U.S.C.                              | sec 12131-12134   |
|             | Title 42, sec. 19 | 83,1985(2), and 1986                                   |   |
| S           | uit against the F | Federal Government, a                                  | federal official, or a federal agency   |
|             | List the federa   | al officials or federal a                              | agencies involved, if any.  |
|             |                   |  |   |
| <b>✓</b> Di | versity of Citiz  | enship   |   |
|             | and the amoun     | nt at stake is more than                               | f one State sues a citizen of another State or nation n \$75,000. In a diversity of citizenship case, no me State as any plaintiff. |
|             | A.                | The Plaintiff(s)                                       |   |
|             | of (nar           | The plaintiff, (name) me) Missouri                     | Robert Taylor , is a citizen of the State   |
|             |                   |  | aintiff is named in the complaint, attach an additional ame information for each additional plaintiff.)                             |

| B.    | The Defendant(s)  |
|-------|---|
|       | 1. If the defendant is an individual  |
|       | The defendant, (name) Justin Holbrook, is a citizen of the State of (name) Michigan Or is a citizen of (foreign nation)   |
|       | 2. If the defendant is a corporation  |
|       | The defendant, (name) City of Three Rivers, is incorporated under the laws of the State of (name), and has its principal place of business in the State of (name) Michigan Or is incorporated under the laws of (foreign nation), and has its principal place of business in (name), and has its principal place of |
|       | (If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)   |
| C.    | The Amount in Controversy   |
|       | The amount in controversythe amount the plaintiff(s) claims the defendant(s) owes or the amount at stakeis more than \$75,000, not counting interest and costs of court, because (explain):   |
|       | it is an inchoate offense by the City of Three Rivers Michigan that caused loss of property   |
|       |   |
| <br>N |   |

## III. Statement of Claim

Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?

| <ul> <li>He</li> </ul> | w were | the | defendants | involved | in | what | happened | to | you? |
|------------------------|--------|-----|------------|----------|----|------|----------|----|------|
|------------------------|--------|-----|------------|----------|----|------|----------|----|------|

- Where did the events you have described take place?
- When did the events you have described take place?

1. Was stalked, surveilled, intimidated and searched because of disability.

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

|      | 2. Suffered physical and mental narm aggrevated by loss of healthcare and deofinating disabilities.            |
|------|--|
|      | 3. The harm came from the City of Three Rivers Michigan, City of Three Rivers employee, Justin                 |
|      | Holbrook, unknown Three Rivers law enforcement officers, and persons known to the City of Three                |
|      | Rivers, Brandon Dahl, John Overton, Don Overton, Michael Overton.  |
|      | 4. Retaliation for taking part in official proceedings and partaking in Michigan Medical Marihuana Program     |
|      | 5. In the City of Three Rivers   |
|      | 6. For a period of time from 10/06/2017- 11/09/2019  |
|      |  |
|      |  |
|      |  |
| IV.  | Relief   |
|      | State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments. |
|      |  |
|      | Respectful request court award (a) reasonable and appropiriate compensatory damages, (b) Plaintiff's           |
|      | costs, expenses pursuant to 42 U.S.C. Sec 1988 and (c) such othe relief as court deems necassary and           |
|      | proper.  |
|      |  |
| Do y | you claim the wrongs alleged in your complaint are continuing to occur at the present time?  Yes  No           |
|      | Do you claim actual damages for the acts alleged in your complaint?  |
|      | Vog No.  |
|      | Yes No 🗸   |
|      | Do you claim punitive monetary damages?  |
|      | Yes No   |
|      |  |

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

\$75,000 for loss of participation in federal loan program (USDA,FHA,)when because of disabilty, was intimidated to a point safety was a concern, resulting in relocation, loss of familial and medical support.

## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:  $\frac{\text{Jan } 28}{}$ ,  $20^{21}$ .

Signature of Plaintiff

Printed Name of Plaintiff

Robert Taylor